

Commonwealth of Massachusetts
Executive Office of Health and Human Services

June 2008

Version 9.0



Companion Guide

**Health Care Eligibility/Benefit Inquiry
and Information Response**

For X12N 270/271 (Version 4010A1)

Commonwealth of Massachusetts

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1.0 Introduction

1.1 What Is HIPAA?

The Health Insurance Portability and Accountability Act of 1996 – Administrative Simplification (HIPAA-AS) – requires that MassHealth, and all other health-insurance payers in the United States, comply with the electronic data interchange (EDI) standards for health care as established by the Secretary of Health and Human Services (HHS). HHS has adopted an Implementation Guide for each standard transaction. Version 004010X092A1 of the 270/271 Eligibility Inquiry and Response transaction is the standard established by HHS for eligibility verification.

1.2 Purpose of the Implementation Guide

The Implementation Guide for the 270/271 eligibility verification transaction specifies in detail the required formats for eligibility inquiries submitted electronically to an insurance company, health-care payer, or government agency. The Implementation Guide contains requirements for use of specific segments and specific data elements within the segments. It was written for all health care providers and other submitters. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to submit HIPAA-compliant files to MassHealth.

1.3 How to Obtain Copies of the Implementation Guides

The Implementation Guides for X12N 270/271 Version 4010A1 and all other HIPAA standard transactions are available electronically at www.wpc-edi.com/HIPAA.

1.4 Purpose of This Companion Guide

This companion guide was created for MassHealth trading partners by MassHealth to supplement the 270/271 Implementation Guide. It contains MassHealth-specific instructions for the following:

- data content, codes, business rules, and characteristics of the 270/271 transaction;
- technical requirements and transmission options; and
- information on testing procedures that each trading partner must complete before submitting eligibility inquiries.

The information in this guide supersedes all previous communications from MassHealth about this electronic transaction. The following policies are in addition to those outlined in the provider manuals. These policies in no way supersede MassHealth regulations and this companion guide should be used in conjunction with the information found in the MassHealth provider manual.

1.5 Intended Audience

The intended audience for this document is the technical staff responsible for generating and receiving electronic 270/271 eligibility inquiries and responses.

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2.0 Establishing Connectivity with MassHealth

All MassHealth trading partners must sign a trading partner agreement (TPA). If you have elected to have a third party perform electronic transactions on your behalf, you may be requested to complete a trading partner profile (TPP) form as well. Note that TPP information may be given over the telephone or the Provider Online Service Center in lieu of completing a paper form. If you have already completed these forms, you do not have to complete them again. Please contact MassHealth Customer Service at 1-800-841-2900 (see Section 2.5 - Support Contact Information) if you have any questions about these forms.

2.1 Setup

MassHealth trading partners should submit HIPAA 270 transactions to MassHealth via the Provider Online Service Center, or system-to-system using our Healthcare Transaction Service (HTS) process. Additionally trading partners may submit eligibility transactions via PC software (EVSpc). The EVSpc guide can also be found at <http://www.mass.gov/masshealth/newmmis>. Trading partners must contact MassHealth Customer Service at 1-800-841-2900 with questions about these options and to obtain a copy of the HTS guide.

After establishing a transmission method, each trading partner must successfully complete testing. Information on this phase is provided in the next section of this companion guide (see [Section 2.2 - Trading Partner Testing](#)). After successful completion of testing, 270/271 transactions may be submitted for production processing.

2.2 Trading Partner Testing

Before submitting production 270/271 transactions to MassHealth, each trading partner must be tested. All trading partners who plan to submit 270/271 transactions must contact MassHealth Customer Service at 1-800-841-2900 in advance to discuss the testing process, criteria, and schedule. Trading partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

The following scenarios must be addressed in one or more test files:

- inquiry by 12-digit member identifier (ID number);
- inquiry by member's social security number or other agency ID; and
- inquiry by last name, first initial, date of birth, and gender.

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MassHealth will process these transactions in a test environment to validate that the file structure and content meet HIPAA standards and MassHealth-specific data requirements. Once this validation is complete, the trading partner may submit production 270 inquiries to MassHealth for eligibility responses.

The following conditions must be addressed in one or more test files:

- Ability to do a 270 inquiry using the 12-digit Member Identifier (ID number)
- Ability to do an inquiry by the member's social security number or other agency ID
- Ability to do an inquiry by the member's last name, first name, date of birth, and gender

Please note that if you supply data for all three data elements (only one of the three is required to get a 271), then MMIS will process the inquiry in sequence as listed above, until a match is found, or all possible search options have occurred.

2.3 General Information for Member Name

The member name segment accepts and returns 30 characters as required in the Implementation Guide. However, if a value is submitted on a transaction that is greater than what is stored in the NewMMIS member database, on the return transaction the following would occur:

- If a match is found on the database, the value stored on the database table is returned;
- If no match is found on the database, the value stored on the original incoming transaction will be returned.

Example

A provider submits an eligibility verification check (270) with a name that is 22 characters long, but the database currently stores only 20 of those characters. On the return transaction (271), the provider will receive only the first 20 characters of the name submitted, if a match is found on the database. If for some reason, the member name submitted is not a MassHealth member, and is not stored on the database (no match found), on the return transaction (271) the name would be returned exactly as it was originally submitted.

2.4 Technical Requirements

The current maximum file size for any 270 file submitted to MassHealth is 10 megabytes. If you have any questions, or would like to coordinate the processing of larger files, please contact MassHealth Customer Service at 1-800-841-2900 (see Section 2.6: [Support Contact Information](#)).

2.5 Acknowledgements

Confirmation numbers are generated for all 270 eligibility inquiry transaction files uploaded to the Provider Online Service Center, indicating successful file uploads. 997 functional acknowledgements are generated for all 270/271 files unless you receive a 271 response immediately submitted to MassHealth. These acknowledgements will be available for download from the Provider Online Service Center.

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2.6 Support Contact Information

For questions regarding any issues in this companion guide, providers may contact MassHealth Customer Service by mail, phone, fax, or email.

MassHealth Customer Service

P.O. Box 9118

Hingham, MA 02043

Phone: 1-800-841-2900

Fax: 617-988-8971

E-mail: hipaasupport@mahealth.net

3.0 MassHealth-specific Submission Requirements

The following sections outline recommendations, instructions, and conditional data requirements for 270 eligibility inquiries submitted to MassHealth. This information is designed to help trading partners construct the 270 transactions in a manner that will allow MassHealth to efficiently return eligibility information.

3.1 PC Software Pass-through Option

The PC software pass-through option is similar to bulk processing in real time. This process makes use of the -EVScall.exe portion of the EVSpc application. EVSpc can be used in an interactive or batch mode. More details can be located in the EVspc user guide. An example of a pass-through file appears in Appendix C of this guide.

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3.2 Interchange Header, Information Source, Information Receiver

Although submitters can view the entire set of required data elements in the 270/271 Implementation Guide, MassHealth recommends that submitters pay special attention to the segments in the table below. These segments will be populated in the same way for all 270 transactions.

270 Inbound Interchange Control and Functional Group Header changes

Loop	Segment	Element Name	Companion Information
----	ISA 01	Authorization Information Qualifier	"00"
----	ISA 02	Authorization Information	10 blanks
----	ISA 03	Security Information Qualifier	"00"
----	ISA 04	Security Information	10 blanks
----	ISA 05	Interchange Sender ID Qualifier	"ZZ"
----	ISA 06	Interchange Sender ID	Trading partner ID assigned by MassHealth (either the 10-digit MassHealth provider number including service location, or the NPI)
----	ISA 07	Interchange Receiver ID Qualifier	"ZZ"
----	ISA 08	Interchange Receiver ID	"DMA7384"
----	ISA 14	Acknowledgement Requested	"0"
----	ISA 15	Usage Indicator	"P" for production submission and "T" for test submission
----	GS 02	Application Sender's Code	Trading partner ID assigned by MassHealth (either the 10-digit MassHealth provider number including service location, or the NPI)
----	GS 03	Application Receiver's code	"DMA7384"
	GE 02	(270)	GE02 is assigned by the trading partner. For interactive mode (similar to EVS), only one transaction per GS -GE is allowed.
----	IEA 01	Number of included Functional Groups	Must equal "1" for the interactive transaction to qualify for immediate response.

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271 Outbound Interchange Control and Functional Group Header Information

Loop	Segment	Element Name	Companion Information
----	ISA	01 Authorization Information Qualifier	"00"
----	ISA	02 Authorization Information	10 blanks
----	ISA	03 Security Information Qualifier	"00"
----	ISA	04 Security Information	10 blanks
----	ISA	05 Interchange Sender ID Qualifier	"ZZ"
----	ISA	06 Interchange Sender ID	"DMA7384"
----	ISA	07 Interchange Receiver ID Qualifier	"ZZ"
----	ISA	08 Interchange Receiver ID	Trading partner ID assigned by MassHealth (either the 10-digit MassHealth provider number including service location, or the NPI)
----	ISA	14 Acknowledgement Requested	"0"
----	ISA	15 Usage Indicator	"P" for Production submission "T" for Test submission
----	GS	02 Application Sender's Code	"DMA7384"
----	GS	03 Application Receiver's code	Trading partner ID assigned by MassHealth (either the 10-digit MassHealth provider number including service location, or the NPI)

270/271 Common Constants for Transactions

Loop	Segment	Element Name	Companion Information
2100A	NM1	03 Information Source name 35/AN	MassHealth
2100A	NM1	08 Inf. Source ID qualifier 2/AN	46 - electronic transmitter identification number
2100A	NM1	09 Information Source ID 80/AN	"DMA7384"
2100B	NM1	01 Entity Identifier Code	Value is "PR."
2100B	NM1	02 Entity Type Qualifier	Value is "2."
2100B	NM1	01 Entity Code	Value is "1P."
2000C	TRN	02 Reference Identification	Each value received on 270 will be returned on 271
2100C	DTP	02 Date Format	Value is "RD8."
2100C	DTP	03 Date Time Period	From date of service (270/271) To date of service

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Loop	Segment		Element Name	Companion Information
2100C	REF	01	Reference Identification Qualifier	If EJ is submitted, REF02 will be returned.
2100C	REF	02	Reference Identification	Patient account number or other value is returned based on value in 270.

3.3 Inquiry-specific Data

MassHealth supports multiple search criteria for an eligibility inquiry. An inquiry may be submitted using MassHealth member ID, social security number, or last name, first name, date of birth, and gender.

The criteria for these options are listed below.

3.3.1 Inquiry by Member ID

Loop	Segment		Element Name	Companion Information
2100C	NM1	08	ID Code Qualifier	NM108 will be "MI" if member is found. If member is not found echo back 2100C: NM108 from 270.
2100C	NM1	09	Identification Code	12-digit MassHealth member ID; however, invalid member ID also will be echoed back from the 270.

3.3.2 Inquiry by Social Security Number or Other Agency ID

Loop	Segment		Element Name	Companion Information
2100C	REF	01	Identification Code Qualifier	Value is SY if SSN is provided, and NQ- for other agency ID
2100C	REF	02	Identification Code	If REF01 is "SY" then it is SSN. If REF01 is "NQ," it is other agency ID (note agency ID = X-member id or Y-rid).

3.3.3 Inquiry by Last Name, First Name, Date of Birth, and Gender

Loop	Segment		Element Name	Companion Information
2100C	NM1	03	Last Name or Organization Name	A maximum of 20 characters will be used for the search.
2100C	NM1	04	Name First	A maximum of 15 characters will be used for the search.
2100C	NM1	05	Name Middle	A maximum of one character will be used for the search.
2100C	NM1	07	Name Suffix	Not used for the search

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Loop	Segment		Element Name	Companion Information
2100C	DMG	01	Date Time Period Format Qualifier	"D8"
2100C	DMG	02	Date Time Period	If not found, the values provided for these fields in the 270 will be returned in the 271.
2100C	DMG	03	Gender Code	If not found, the values provided for these fields in the 270 will be returned in the 271.

271 Segments

Loop	Segment	Element Name	Companion Information	Loop
2000A	AAA	01	Response Code	AAA01 will be "N."
2000A	AAA	03	Reject Reason Code	Possible value – "42."
2000A	AAA	04	Follow-up Action Code	Value is "P."
2100A	AAA	01	Response Code	AAA01 will be "N."
2100A	AAA	03	Reject Reason Code	Possible value – "42."
2100A	AAA	04	Follow-up Action Code	Value is "P."
2100B	AAA	01	Response Code	AAA01 will be "N."
2100B	AAA	03	Reject Reason Code	Possible value – "51."
2100B	AAA	04	Follow-up Action Code	Value is "C."
2000C	TRN	01	Trace Type Code – echo trace number sent in 270	Value "2" is returned if 270 submit is "TRN."
2000C	TRN	01	Trace Type Code – MMIS assigned trace number	Value "1" is returned by MassHealth as the type code preceding the verification number.
2000C	TRN	02	Reference Identification	Value submitted on 270 is returned with a maximum of 30 characters. MassHealth returns a verification number with a maximum length of 13 characters.
2000C	TRN	03	Originating Company Identifier	Value submitted on 270 is returned with a maximum of 10 characters - otherwise MassHealth returns value of "1046002284."

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Loop	Segment		Element Name	Companion Information
2100C	NM1	03	Last Name or Organization Name	A maximum of 20 characters will be returned.
2100C	NM1	04	Name First	A maximum of 15 characters will be returned.
2100C	NM1	05	Name Middle	A maximum of one character will be returned.
2100C	DMG	01	Date Time Period Format Qualifier	"D8"
2100C	DMG	02	Date Time Period	If member found, MassHealth date of birth is returned. Otherwise the values provided in the 270 will be returned in the 271 when submitted.
2100C	DMG	03	Gender Code	If member found, MassHealth gender code is returned. Otherwise the values provided in the 270 will be returned in the 271 when submitted.
2100C	REF	01	Reference Identification Qualifier	Qualifier 3H is associated with local office number for MassHealth.
2100C	REF	02	Reference Identification	The three-digit local office code is returned.
2100C	REF	03	Reference Identification	The value "local office code" is returned.
2100C	PER	03	Communication Number Qualifier	Value is "TE."
2100C	PER	04	Communication Number	Phone numbers based on availability will be returned – Member's day phone on record
2100C	PER	05	Communication Number Qualifier	Value is "TE."
2100C	PER	06	Communication Number	Phone numbers based on availability will be returned – Member's night phone on record
2100C	PER	07	Communication Number Qualifier	Value is "TE."
2100C	PER	08	Communication Number	Phone numbers based on availability will be returned – Member's cell phone on record
2100C	AAA	01	Response Code	AAA01 will be "N."
2100C	AAA	03	Reject Reason Code	Possible values = 42, 52, 57, 58, 62, 63, 72, 73, 75, 76

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Loop	Segment		Element Name	Companion Information
2100C	AAA	04	Follow-up Action Code	Value is "C."
2100C	DTP	01	Date/Time Qualifier	Value is "472."
2100C	DTP	02	Date Format	Value is "RD8."

Eligibility Status

Loop	Segment		Element Name	Companion Info
2110C	EB	01	Eligibility or Benefit Information	Values 1, 6 – Eligibility Status
2110C	EB	02	Coverage Level Code	Value is "IND."
2110C	EB	03	Service Type Code	Value is "30."
2110C	EB	05	Plan Coverage Description	If EB01 = "1" or "6", then Member's Eligibility Benefit Plan is displayed.
2110C	DTP	01	Date/Time Qualifier	Value is "307."
2110C	DTP	02	Date Format	Value is "RD8."
2110C	DTP	03	Date Time Period	Period of eligibility associated with information is returned in the related EB segment.

Other Insurance

Loop	Segment		Element Name	Companion Info
2110C	EB	01	Eligibility or Benefit Information	Values Other Insurance Plans – "R."
2110C	EB	03	Service Type Code	Value is "30."
2110C	EB	05	Plan Coverage Description	Name of other insurance plan is listed here (maximum of 50 characters)
2110C	REF	01	Reference Identification Qualifier	Value is IG, F6, A6, 18, or 6P.
2110C	REF	02	Reference Identification	If REF01 = "IG", other insurance policy number, maximum of 16 characters are sent back. If REF01 = "F6", health insurance claim number, maximum of 16 characters are sent back.

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Loop	Segment		Element Name	Companion Information
				<p>If REF01 = "A6", employee identification number, maximum of 16 characters are sent back.</p> <p>If REF01 = "18", plan number, maximum of 16 characters are sent back.</p> <p>If REF01 = "6P", group number, maximum of 16 characters are sent back.</p>
2110C	REF	03	Description	If REF01 = "IG", other insurance policyholder name, maximum of 15 characters are sent back.
2110C	DTP	01	Date/Time Qualifier	Value is "290" – coordination of benefits.
2110C	DTP	02	Date Format	Value is "RD8."
2110C	DTP	03	Date Time Period	Begin and end date returned in CCYYMMDD format.
2110C	MSG	01	Free – Form Message Text	Restrictive message(s) may be returned in this field if applicable.
	LS	01	Loop Identifier Code	Value is "2120."
2120C	NM1	01	Entity Identifier Code	Value is "PRP."
2120C	NM1	02	Entity Type Qualifier	Value is "2."
2120C	NM1	03	Name Last or Organization Name	Other insurance name (Maximum of 35 characters are returned.)
2120C	NM1	08	Identification Code Qualifier	Value is "PI."
2120C	NM1	09	Identification Code	Seven-digit other insurance carrier code
2120C	N3	01	Address Information	Other insurance address 1
2120C	N3	02	Address Information	Other insurance address 2
2120C	N4	01	City Name	Other insurance city name
2120C	N4	02	State or Province Code	Other insurance state or province code
2120C	N4	03	Postal Code	Other insurance postal code
2120C	PER	01	Contact Function Code	Value is "IC."

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Loop	Segment		Element Name	Companion Information
2120C	PER	02	Name	Other insurance carrier contact
2120C	PER	03	Communication Number Qualifier	Value is "TE."
2120C	PER	04	Communication Number	Other insurance phone number
	LE	01	Loop Identifier Code	Value is "2120."

Long Term Care

Loop	Segment		Element Name	Companion Info
2110C	EB	01	Eligibility or Benefit Information	Value is X-long-term plan.
2110C	EB	03	Service Type Code	Value is "30."
2110C	EB	05	Plan Coverage Description	Long-term-care, MMC(1 character, Management Minute Category) followed by a dash, followed by Management Minute Questionnaire (MMQ) score (5 characters including a decimal)
2110C	DTP	01	Date/Time Qualifier	Value is "292" – long-term-care begin and end dates. Value is "435" – long-term-care admit date Value is "193" – casemix begin date. Value is "194" – casemix end date.
2110C	DTP	02	Date Format	If DTP01 = "292", value is "RD8," otherwise value is "D8."
2110C	DTP	03	Date Time Period	If DTP01 = "292", both begin and end dates returned, otherwise a single date value is returned.
2110C	MSG	01	Free – Form Message Text	Restrictive message(s) may be returned in this field if applicable.
	LS	01	Loop Identifier Code	Value is "2120."
2120C	NM1	01	Entity Identifier Code	Value is "FA."
2120C	NM1	02	Entity Type Qualifier	Value is "2."
2120C	NM1	03	Name Last or Organization Name	Long-term-care facility name (maximum of 35 characters)

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Loop	Segment		Element Name	Companion Information
2120C	NM1	08	Identification Code Qualifier	Value is "XX."
2120C	NM1	09	Identification Code	Long-term-care facility NPI
2120C	N3	01	Address Information	Long-term-care facility address 1
2120C	N3	02	Address Information	Long-term-care facility address 2
2120C	N4	01	City Name	Long-term-care facility city name
2120C	N4	02	State	Long-term-care facility state
2120C	N4	03	Postal Code	Long-term-care postal code
2120C	PER	01	Contact Function Code	Value is "IC."
2120C	PER	02	Name	Long-term-care contact
2120C	PER	03	Communication Number Qualifier	Value is "TE."
2120C	PER	04	Communication Number	Long-term-care phone number
	LE	01	Loop Identifier Code	Value is "2120."

Spend Down

Loop	Segment		Element Name	Companion Information
2110C	EB	01	Eligibility or Benefit Information	Value is Y-spend down.
2110C	EB	03	Service Type Code	Value is "30."
2110C	EB	05	Plan Coverage Description	Blank if EB01 = "Y"
2110D	EB	07	Monetary Amount	Spend-down amount
2110C	MSG	01	Free – Form Message Text	Restrictive message(s) may be returned in this field if applicable.

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Patient Paid Amount

Loop	Segment		Element Name	Companion Information
2110C	EB	01	Eligibility or Benefit Information	Value is G-patient paid amount.
2110C	EB	02	Coverage Level Code	Value is "IND."
2110C	EB	03	Service Type Code	Value is "30."
2110C	EB	05	Plan Coverage Description	Possible values are nursing home, PACE, SCO, rest home.
2110D	EB	07	Monetary Amount	Patient-paid amount

Deductible

Loop	Segment		Element Name	Companion Information
2110C	EB	01	Eligibility or Benefit Information	Value is "C" – deductible.
2110C	EB	02	Coverage Level Code	Value is "IND."
2110C	EB	03	Service Type Code	Value is "30."
2110D	EB	07	Monetary Amount	Deductible amount
2110C	DTP	01	Date/Time Qualifier	Value is "198."
2110C	DTP	02	Date Format	Value is "D8."
2110C	DTP	03	Date Time Period	Date-effective date of the member's deductible

Co-Pay Cap Status Pharmacy

Loop	Segment		Element Name	Companion Information
2110C	EB	01	Eligibility or Benefit Information	Value is "D" – copay cap status pharmacy.
2110C	EB	02	Coverage Level Code	Value is "IND."
2110C	EB	03	Service Type Code	Value is "88" – pharmacy.
2110C	EB	05	Plan Coverage Description	Copay cap status for the member, values = met or not met

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Co-Pay Cap Status Non-Pharmacy

Loop	Segment		Element Name	Companion Information
2110C	EB	01	Eligibility or Benefit Information	Value is "D" – copay cap status non-pharmacy.
2110C	EB	02	Coverage Level Code	Value is "IND."
2110C	EB	03	Service Type Code	Value is "1" – medical care.
2110C	EB	05	Plan Coverage Description	Copay cap status for the member, values = met or not met

Managed Care – MCO or Primary Care Clinician and Primary Care Clinician (PCC)

Loop	Segment		Element Name	Companion Information
2110C	EB	01	Eligibility or Benefit Information	Value is "MC" – managed care organization. Value is "L" – primary care clinician.
2110C	EB	02	Coverage Level Code	Value is "IND."
2110C	EB	03	Service Type Code	Value is "30."
2110C	EB	05	Plan Coverage Description	Possible values are any associated managed care, SCO, or PACE.
2110C	DTP	01	Date/Time Qualifier	Value is "307" – eligibility.
2110C	DTP	02	Date Format	Value is "RD8."
2110C	DTP	03	Date Time Period	Managed care or PCC begin and end dates
2110C	MSG	01	Free – Form Message Text	Restrictive message(s) may be returned in this field if applicable.
	LS	01	Loop Identifier Code	"2120"
2120C	NM1	01	Entity Identifier Code	Value is "13."
2120C	NM1	02	Entity Type Qualifier	Value is "2."
2120C	NM1	03	Name Last or Organization Name	Managed-care name or PCC site name

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Loop	Segment		Element Name	Companion Information
2120C	NM1	04	First Name	PCC legal name
2120C	NM1	08	Identification Code Qualifier	Value is "XX."
2120C	NM1	09	Identification	NPI is displayed if available.
2120C	N3	01	Address Information	Managed care or PCC address 1
2120C	N3	02	Address Information	Managed care or PCC address 2
2120C	N4	01	City Name	Managed care or PCC city name
2120C	N4	02	State or Province Code	Managed care or PCC state or province code
2120C	N4	03	Postal Code	Managed care or PCC postal code
2120C	PER	01	Contact Function Code	Value is "IC."
2120C	PER	03	Communication Number Qualifier	Value is "TE."
2120C	PER	04	Communication Number	Managed care contact number
	LE	01	Loop Identifier Code	Behavioral health

Behavioral Health

Loop	Segment		Element Name	Companion Information
2110C	EB	01	Eligibility or Benefit Information	Value is "W" – behavioral health.
2110C	EB	02	Coverage Level Code	Value is "IND."
2110C	EB	03	Service Type Code	Value is "30."
2110C	EB	05	Plan Coverage Description	Possible value is "Behavioral Health."
2110C	DTP	01	Date/Time Qualifier	Value is "307" – eligibility.
2110C	DTP	02	Date Format	Value is "RD8."
2110C	DTP	03	Date Time Period	Managed care or PCC behavioral health begin and end date
2110C	MSG	01	Free – Form Message Text	Restrictive message(s) may be returned in this field if applicable.

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Loop	Segment		Element Name	Companion Information
	LS	01	Loop Identifier Code	"2120"
2120C	NM1	01	Entity Identifier Code	Value is "13."
2120C	NM1	02	Entity Type Qualifier	Value is "1" if legal name is returned in NM104. Otherwise value is "2."
2120C	NM1	03	Name Last or Organization Name	Managed care name or PCC site name behavioral health site name.
2120C	NM1	04	First Name	PCC behavioral health legal name if available
2120C	NM1	08	Identification Code Qualifier	Value is "XX."
2120C	NM1	09	Identification	NPI is displayed if available.

Dependent Level

Loop	Segment	Element Name	Companion Information
2000D	This dependent level is not used by MassHealth.		

271 Functional Group Trailer

Loop	Segment		Element Name	Companion Information
	GE	01	Number of Transaction Sets Included	Follow Implementation Guide standards.
	GE	02	Group Control Number	Follow Implementation Guide standards.

271 Interchange Control Trailer

Loop	Segment		Element Name	Companion Info
	IEA	01	Number of Included Functional Groups	Follow Implementation Guide standards.
	IEA	02	Interchange Control Number	Follow Implementation Guide standards.

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4.0 Sample MassHealth Transactions

Example of MassHealth 270 Transaction (Member ID Number Inquiry)

```
ISA*00*      *00*      *ZZ*9999999999 *ZZ*DMA7384 *080116*1200*U*00401*000000001*1*P*::~~
GS*HS*USERID1*DMA7384 *20080116*1200*1*X*004010X092A1~
ST*270*0001~
BHT*0022*13*REPW*20080116*1200~
HL*1**20*1~
NM1*PR*2*MASSACHUSETTS MEDICAID****PI*DMA7384~
HL*2*1*21*1~
NM1*1P*2*PROVIDER NAME*****SV*9999999999~ or if NPI avail NM1*1P*2*PROVIDER NAME*****XX*9999999999~
HL*3*2*22*0~
NM1*IL*1*****MI*999999999999~
DTP*307*RD8*20080116-20080215~
EQ*30~
SE*11*0001~
GE*1*1~
IEA*1*000000001~
```

Example of MassHealth 270 Transaction (SSN Number/Other Agency ID Inquiry)

```
ISA*00*      *00*      *ZZ*9999999999 *ZZ*DMA7384 *080116*1200*U*00401*000000001*1*P*::~~
GS*HS*USERID1*DMA7384 *20080116*1200*1*X*004010X092A1~
ST*270*0001~
BHT*0022*13*REPW*20080116*1200~
HL*1**20*1~
NM1*PR*2*MASSACHUSETTS MEDICAID****PI*DMA7384~
HL*2*1*21*1~
NM1*1P*2*PROVIDER NAME*****SV*9999999999~ or if NPI avail NM1*1P*2*PROVIDER NAME*****XX*9999999999~
HL*3*2*22*0~
NM1*IL*1~
REF*SY*9999999999~ or if Agency id REF*NQ*9999999999~
DTP*307*RD8*20081016-20080215~
EQ*30~
SE*12*0001~
GE*1*1~
IEA*1*000000001~
```

Example of MassHealth 270 Transaction (Name Inquiry)

```
ISA*00*      *00*      *ZZ*9999999999 *ZZ*DMA7384 *080116*1200*U*00401*000000001*1*P*::~~
GS*HS*USERID1*DMA7384 *20080116*1200*1*X*004010X092A1~
ST*270*0001~
BHT*0022*13*REPW*20080116*1200~
HL*1**20*1~
NM1*PR*2*MASSACHUSETTS MEDICAID****PI*DMA7384~
HL*2*1*21*1~
NM1*1P*2*PROVIDER NAME*****SV*9999999999~ or if NPI avail NM1*1P*2*PROVIDER NAME*****XX*9999999999~
HL*3*2*22*0~
NM1*IL*1*TEST*A~
DMG*D8*19670512*M~
DTP*307*RD8*20080116-20080215~
EQ*30~
SE*12*0001~
GE*1*1~
IEA*1*000000001~
```

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5.0 Version Table

Version	Date	Section/Pages	Description
6.2	12/02	Entire document	Revision after final draft all distribution review
7.0	11/03	Entire document	Update and modify for consistency with other guides
7.1	09/04	Headers/Footers	Production version issued
8.0	03/08	Entire document	Significant revisions throughout guide to reflect NewMMIS requirements
9.0	06/08	Entire document	Additional revisions throughout guide to reflect NewMMIS requirements, based on feedback from Version 8.0

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Appendix A: Frequently Asked Questions

- Q.** What are the main differences between the EVSpc, Web, and HTS submission methods?
- A.** EVSpc and HTS can submit transactions in either an interactive or batch mode, depending on the volume of transactions being submitted to MassHealth. For the Web, providers can submit an inquiry one at a time or upload files for interactive or batch processing, depending on the size of the file. A 997 will be generated in all methods, if a 271 is not immediately returned.
- Q.** How are EVSpc transactions separated?
- A.** When submitting transactions via pass-through, each interchange is separated by a carriage return.
- Q.** I have noticed three segments in my 270 that have a date. Which segment's date should I use to define the date of service?
- A.** The DTP segment is used to determine the date of service. If the DTP segment is not included in the transaction, the date of service is determined by the date that is populated in the BHT04 field.
- Q.** What are the main differences between a 271 and a 997?
- A.** 271 is the response to a 270 and contains eligibility information. 997 is a response to a malformed 270 that does not meet standard format requirements.
- Q.** Is there a limit to the number of inquiries I can submit at once?
- A.** We recommend you follow HIPAA requirements for a maximum of 99 inquiries per ST/SE segment. Real-time transactions are limited to one inquiry per interchange.
- Q.** What information is returned on the 271?
- A.** All available information about the member will be returned. This may include:
- member address
 - member ID, social security number and/or other agency ID
 - MassHealth benefit plan
 - MassHealth assignment plan
 - primary care clinician information
 - other insurance information
 - managed care information
 - member payment responsibility information
 - long-term-care information
 - behavioral health information
 - restrictive messages
- Q.** Will I get back different information if I check by member ID vs. name?
- A.** The information sent is specific to the member and the complete details are sent, regardless of inquiry by member ID number or name.

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Q. Are any fields case sensitive?

A. No.

Q. What are the values you are looking for in ISA06 (Sender ID) and ISA08 (Receiver ID)?

A. ISA06 is your NPI or provider number (only if you are not required to have an NPI by MassHealth regulations.)

Q. Does the 'AAA*Y**67' indicate that there is something wrong with the 270 that was sent?

A. This response indicates that the member was not found in our system. If you are using a name inquiry, we recommend a member ID number or card number inquiry to verify that the member is actually not found.

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Appendix B: Provider Online Service Center - True Batch Example

This is an example of a true batch file containing three individual inquiries. True batch has the ability to loop at the interchange, functional group, transaction, and hierarchical levels.

```
ISA*00*      *01*      *ZZ*9999999  *ZZ*DMA7384  *080123*1358*U*00401*000000031*0*P*~
GS*HS*USERID1*DMA7384  *20080123*1358*1*X*004010X092A1~
ST*270*1234~
BHT*0022*13*EPIC*20031021*135800~
HL*1**20*1~
NM1*PR*2*MASSACHUSETTS MEDICAID****PI*DMA7384~
HL*2*1*21*1~
NM1*1P*2*TEST PROVIDER*****SV*9999999999~ or if NPI avail NM1*1P*2*PROVIDER NAME*****XX*9999999999~
HL*3*2*22*0~
NM1*IL*1*****MI*999999999999~
DTP*307*RD8*20080123-20080221~
EQ*30~
HL*4*2*22*0~
NM1*IL*1*****MI*9999999999~
DTP*307*RD8*20080123-20080218~
EQ*30~
HL*5*2*22*0~
NM1*IL*1*****MI*9999999999~
DTP*307*RD8*20080123-20080220~
EQ*30~
SE*19*1234~
GE*1*1~
IEA*1*000000031~
```


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Appendix C: PC Software: Pass-through Example

This is an example of a pass-through file containing three individual inquiries.

```
ISA*00*      *01*      *ZZ*9999999999 *ZZ*DMA7384 *080121*1358*U*00401*000000031*0*P*::~~
GS*HS*USERID1*DMA7384 *20080121*1358*1*X*004010X092A1~
ST*270*1234~
BHT*0022*13*EPIC*20031021*135800~
HL*1**20*1~
NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*DMA7384~
HL*2*1*21*1~
NM1*1P*2*TEST PROVIDER*****SV*9999999999~ or if NPI avail NM1*1P*2*PROVIDER NAME*****XX*9999999999~
HL*3*2*22*0~
NM1*IL*1*****MI*9999999999~
DTP*307*RD8*20080121-20080220~
EQ*30~
SE*11*1234~
GE*1*1~
IEA*1*000000031~
```

```
ISA**00*      *01*      *ZZ*9999999999 *ZZ*DMA7384 *080121*1358*U*00401*000000031*0*P*::~~
GS*HS*USERID1* DMA7384 *20080121*1358*1*X*004010X092A1~
ST*270*1234~
BHT*0022*13*EPIC*20031021*135800~
HL*1**20*1~
NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*DMA7384~
HL*2*1*21*1~
NM1*1P*2*TEST PROVIDER*****SV*9999999999~ or if NPI avail NM1*1P*2*PROVIDER NAME*****XX*9999999999~
HL*3*2*22*0~
NM1*IL*1*****MI*9999999999~
DTP*307*RD8*20080121-20080217~
EQ*30~
SE*11*1234~
GE*1*1~
IEA*1*000000031~
```

```
ISA**00*      *01*      *ZZ*9999999999 *ZZ*DMA7384 *080121*1358*U*00401*000000031*0*P*::~~
GS*HS*USERID1* DMA7384 *20080121*1358*1*X*004010X092A1~
ST*270*1234~
BHT*0022*13*EPIC*20031021*135800~
HL*1**20*1~
NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*DMA7384~
HL*2*1*21*1~
NM1*1P*2*TEST PROVIDER*****SV*9999999999~ or if NPI avail NM1*1P*2*PROVIDER NAME*****XX*9999999999~
HL*3*2*22*0~
NM1*IL*1*****MI*9999999999~
DTP*307*RD8*20080121-20080218~
EQ*30~
SE*11*1234~
GE*1*1~
IEA*1*000000031~
```

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Appendix D: TA105 Codes and Errors

TA105	Description	Field(s) in Error
001	The Interchange Control Number in the Header and Trailer do not match. The value from the Header is used in the acknowledgement.	ISA13 IEA02
002	This standard as noted in the control standards identifier is not supported.	ISA11
003	This version of the controls is not supported	ISA12
004	The Segment Terminator is Invalid	ISA00
005	Invalid Interchange ID Qualifier for sender	ISA05
006	Invalid Interchange Sender ID	ISA06
007	Invalid Interchange ID Qualifier for receiver	ISA07
008	Invalid Interchange Receiver ID	ISA08
010	Invalid Authorization Information Qualifier Value	ISA01
011	Invalid Authorization Information Value	ISA02
012	Invalid Security Information Qualifier Value	ISA03
013	Invalid Security Information Value	ISA02 ISA04 ISA06
014	Invalid Interchange Date Value	ISA09
015	Invalid Interchange Time Value	ISA10
016	Invalid Interchange Standards Identifier Value	ISA11
017	Invalid Interchange Version ID Value	
018	Invalid Interchange Control Number Value	ISA13
021	Invalid Number of Included Groups Value	GS06 GE02
022	Invalid Control Structure	ISA00 IEA00
023	Improper (Premature) End-of-File (Transmission)	GS00 GE00
024	Invalid Interchange Content (e.g., Invalid GS Segment)	ISA00 GE01
026	Invalid Data Element Separator	ISA00
027	Invalid Component Element Separator	ISA16

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Appendix E: Links to Online HIPAA Resources

The following is a list of online resources that may be helpful.

Accredited Standards Committee (ASC X12)

- ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. www.x12.org

American Hospital Association Central Office on ICD-9-CM (AHA)

- This site is a resource for the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes, used in medical transcription and billing, and for Level I HCPCS. www.ahacentraloffice.org

American Medical Association (AMA)

- This site is a resource for the Current Procedural Terminology, 4th Edition, codes (CPT-4). The AMA copyrights the CPT codes. www.ama-assn.org

Association for Electronic Health-care Transactions (AFEHCT)

- A health-care association dedicated to promoting the interchange of electronic health-care information. www.afehct.org

Centers for Medicare and Medicaid Services (CMS)

- CMS, formerly known as HCFA, is the unit within HHS that administers the Medicare and Medicaid programs. CMS provides the Electronic Health-care Transactions and Code Sets Model Compliance Plan at www.cms.gov/hipaa/hipaa2/
- This site is the resource for information related to the Health-care Common Procedure Coding System (HCPCS). www.cms.hhs.gov/medicare/hcpcs
- This site is the resource for Medicaid HIPAA information related to the Administrative Simplification provision. www.cms.gov/medicaid/hipaa/adminsim

Designated Standard Maintenance Organizations (DSMO)

- This site is a resource for information about the standard setting organizations, and transaction change request system. www.hipaa-dsmo.org

Health Level Seven (HL7)

- HL7 is one of several ANSI accredited Standards Development Organizations (SDO), and is responsible for clinical and administrative data standards. www.hl7.org

MassHealth Provider Services

- This site assists providers with HIPAA, MassHealth billing and policy questions, as well as provider enrollment. www.mahealthweb.com

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Medicaid HIPAA Compliant Concept Model (MHCCM)

- This site presents the Medicaid HIPAA Compliance Concept Model, information, and a toolkit. www.mhccm.org

National Council of Prescription Drug Programs (NCPDP)

- The NCPDP is the standards and codes development organization for pharmacy. www.ncdp.org

National Uniform Billing Committee (NUBC)

- NUBC is affiliated with the American Hospital Association, and develops standards for institutional claims. www.nubc.org

National Uniform Claim Committee (NUCC)

- NUCC is affiliated with the American Medical Association. It develops and maintains a standardized data set for use by the non-institutional health-care organizations to transmit claims and encounter information. NUCC maintains the national provider taxonomy. www.nucc.org

Office for Civil Rights (OCR)

- OCR is the office within Health and Human Services responsible for enforcing the Privacy Rule under HIPAA. www.hhs.gov/ocr/hipaa

United States Department of Health and Human Services (DHHS)

- This site is a resource for the Notice of Proposed Rule Making, rules and other information about HIPAA. www.aspe.hhs.gov/admsimp

Washington Publishing Company (WPC)

- WPC is a resource for HIPAA-required transaction implementation guides and code sets. www.wpc-ed.com/HIPAA

Workgroup for Electronic Data Interchange (WEDI)

- A workgroup dedicated to improving health-care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative-simplification provisions of HIPAA. www.wedi.org

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Appendix F: Test 270/271 Transaction

In an effort to help trading partners validate their ability to submit transactions to MassHealth, we have established a test 270/271 transaction for you to validate your HIPAA compliance and connectivity to MassHealth. To validate your data submission, submit the following 270 format listed in this appendix. A successful transmission can be validated by you, if you confirm that the 271 response you have received matches the 271 response listed in the appendix.

If you have confirmed that you have successfully sent the 270 listed in this appendix and received the 271 in the exact format as listed in the appendix, you are ready to submit production 270/271 transactions to MassHealth. Call MassHealth Customer Service at 1-800-841-2900 and talk with a HIPAA Support customer representative. Indicate that you have followed the procedures for testing the 270/271 in Appendix F of the MassHealth 270/271 Companion Guide and you are ready to process this transaction set in our production environment.